DEPARTMENT MISSION STATEMENT:
The Health Education Promotion department, within the Student Health and Counseling Center, is dedicated to training student “Peer Health Educators” to do meaningful programming that serves the Titan Community. These Peer Health Educators persist to graduation and become medical professionals who serve as responsible Health Educators in all client interactions.

PROGRAM/SERVICE OVERVIEW:
Peer Health University Network (PHUN)
The Peer Health University Network (PHUN) consists of 100+ students (primarily from the Health Sciences undergraduate major) each semester who gain access to three core high-impact practices which increase retention and persistence to graduation rates for participants. Students participate in 50-100 hours of service learning each year through the PHUN Hut and large outreach events such as Health Fairs and alcohol safety events. Students work collaboratively in groups of 3-15 to plan and execute events, and many complete academic internship requirements through their work in the organization. Furthermore, peer education is a high impact practice in the field of health education; peer educators themselves receive special training in healthy behaviors and risk reduction, and are more likely to make healthy choices as a result of their participation in peer-led programming.

TYPE OF ASSESSMENT:
(To check mark any box below, please double click on the square and select “checked”.)

☐ External Reports
☐ Needs Assessment
☐ Program Evaluation
☒ Student Learning Outcomes
☐ Student Satisfaction Assessment
☐ Student Success
☐ Utilization Data

PROJECT SAMPLE:
62 student members of the PHUN

DATA COLLECTION TIMEFRAME:
May 2014

DATA COLLECTION METHODS:
Quantitative Survey

LIMITATIONS:
Students self-report learning improvements and may overestimate the causal relationship between their participation in PHUN and their reported improvement in various skill and experience-based knowledge.

SUMMARY OF RESULTS:
Participants in PHUN were significantly more knowledgeable about campus health resources and comfortable discussing sensitive health behaviors with others. Participants demonstrated knowledge acquisition related to health behaviors and risk reduction strategies for tobacco and alcohol use, nutrition status, and stress management. Finally, students demonstrated positive behavior changes as a result of their participation in PHUN.

KEY FINDINGS:
As a result of their participation in PHUN:

- 61.7% of students in PHUN are first generation college students.
- 93.5% of students are more competent role modeling healthy choices; 64.5% of those are significantly more competent.
- 98.4% of students are more competent presenting ideas and information effectively to others; 60%
of those are significantly more competent.

- 100% of students can correctly name at least three techniques to manage their stress after participating in PHUN.
- 98.4% of students can correctly identify at least three harm-reduction strategies that college students can use to reduce the risks associated with drinking.
- 96.8% of students can correctly name at least three changes most college students can make to improve their nutrition status.
- 81% of students made a positive lifestyle change as a result of their participation in PHUN. These changes include significantly reducing the number of cigarettes smoked daily, maintaining an exercise routine, improving dietary choices, increasing social support networks, and increasing their nightly sleep time.

APPLICATIONS OF FINDINGS: (Please be as specific as possible.)

1. Students demonstrated the smallest amount of improvement in their comfort intervening in a crisis situation (e.g., alcohol poisoning, anxiety attack, someone with suicidal thoughts, or other destructive behaviors); 45% of respondents were somewhat more comfortable intervening and only 37% were significantly more competent. Similarly, more improvements were expected in students’ confidence engaging in conversations with students in communities other than their own (i.e., race, gender, religion, sexual orientation, disability). Additional training will be added for PHUN leaders and general members on active listening skills, motivational interviewing, suicide intervention, alcohol poisoning prevention, and developing inclusive programs.

2. This is the first year that student learning outcomes and behavior changes have been measured for students participating in PHUN. Previous data collected related to student satisfaction of professional development opportunities provided through the organization. These questions were present in their year’s survey and significant improvements were discovered in this area as well. Students in PHUN were more likely to agree or strongly agree that PHUN prepared them for future jobs and internships, as well as helped them to clarify their future career goals.

3. N/A